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ASSIGNMENT SERVICES
DIVISION

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1. Name of conveying party(ies): (If multiple assignors, list numerically)

ETHENTICA, INC.

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State
- Other:

Additional name(s) of conveying party(ies) attached?
 Yes No

2. Name and address of receiving party(ies)

Name: KNOBBE, MARTENS, OLSON & BEAR, LLP
Internal Address: Sixteenth Floor
Street Address: 620 Newport Center Drive
City: Newport Beach State: CA ZIP: 92660

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State
- Other:

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

(Designations must be a separate document from Assignment)
Additional name(s) and address(es) attached?
 Yes No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other: Security Interest

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) March 29, 2001

4. Application number(s) or registration number(s):

- a. Trademark Application No(s):
See Exhibit A
- b. Trademark Registration No(s):

75775899

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Gordon H. Olson
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995
Internal Address: Sixteenth Floor
Street Address: 620 Newport Center Drive
City: Newport Beach State: CA ZIP: 92660
Attorney's Docket No.: WHOVIS.032T

7. Total fee (37 CFR 3.41): \$165.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and registrations involved: 6

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.

Gordon H. Olson
Name of Person Signing

Gordon H. Olson
Signature

4/23/01
Date

Total number of pages including cover sheet, attachments and document: 3

Mail documents to be recorded with required cover sheet information to:

U.S. Patent and Trademark Office
Attn: Assignment Division
Crystal Gateway-4
1213 Jefferson Davis Highway, Suite 320
Arlington, VA 22202

TRADEMARK
REEL: 002290 FRAME: 0363

STATUS REPORT**ETHENTICA, INC.**

Case Number	Country	Mark	Application Number	Filing Date
WHOVIS.032T	US	TACTILESENSE	75/775,899	8/12/99
WHOVIS.072T	US	SECURING YOUR DIGITAL WORLD	76/094,502	7/19/00
WHOVIS.073T	US	ETHENTICA	76/094,544	7/19/00
WHOVIS.076T	US	ETHENTICATE	76/094,507	7/19/00
WHOVIS.077T	US	ETHENTICATOR	76/094,529	7/19/00
WHOVIS.078T	US	ETHENTICATION	76/094,508	7/19/00

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FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional) Danielle Walsh		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address) Knobbe, Martens, Olson & Bear LLP Attn: Danielle Walsh 620 Newport Center Drive, 16th Floor Newport Beach, CA 92660			
D. OPTIONAL DESIGNATION (if applicable):	LESSOR/LESSEE	CONSIGNOR/CONSIGNEE	NON-UCC FILING

**FILED
SACRAMENTO, CA
MAR 29, 2001 AT 0800
BILL JONES
SECRETARY OF STATE**

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME Ethentica, Inc.					
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 26940 Laguna Hills Drive		CITY Aliso Viejo	STATE CA	COUNTRY USA	POSTAL CODE 92656
1d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY/DEBTOR	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE		

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY/DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME Knobbe, Martens, Olson & Bear LLP					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 620 Newport Center Dr., 16th Floor Newport Beach		CITY	STATE CA	COUNTRY USA	POSTAL CODE 92660

4. This FINANCING STATEMENT covers the following types or items of property:

SEE EXHIBIT "A"

5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest BOX <input checked="" type="checkbox"/> (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the [if applicable] debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]		7. If filed in Florida (check one) Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable <input type="checkbox"/>	
6. REQUIRED SIGNATURE(S) <i>William A. Olson</i> <i>attorney-in-fact</i>		8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]	
		9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	